

LSTA SUB GRANT REPORT AND EVALUATION FORM
South Carolina State Library
LSTA – PL 108-81, AS AMENDED

FOR SCSL USE ONLY --

LSTA Sub-Grant Award #: _____
Program Year Funds: _____
LSTA State Grant Award #: _____
FFY Appropriations: _____

CFDA No. 45.310

South Carolina State Library
1430 Senate Street
P.O. Box 11469
Columbia SC 29211

Sub Grant Project Title: _____

I. Sub Grantee (organization) Name & Address: _____

Project Administrator: _____

Fiscal Officer: _____

Telephone Number: _____

Telephone Number: _____

E-Mail: _____

E-Mail: _____

II. Check one: _____ INTERIM Report **OR** _____ FINAL Report

III. Number of Persons Served: _____

IV. FUNDS EXPENDED	LTSA Funds	State Funds	Local Govt. Funds	All Other Funds	Total
Personal Services	_____	_____	_____	_____	_____
Library Materials	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved LSTA sub-grant.

Submitted by: (Print Name) _____

Title: _____

Signature: _____

Current Date: _____

V. **Narrative.** An LSTA project evaluation narrative report must accompany this form. See LSTA Guidelines for instructions.